



**Animal Allergy &  
Dermatology Clinic**  
James Jeffers, VMD, DACVD

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**Re-examination Form**

(PLEASE PRINT)

Owner Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Pets Name \_\_\_\_\_

1. Describe the current skin problem: RASH    HAIRLOSS    ITCHING    (circle all that apply)  
 other: \_\_\_\_\_

2. If your pet is itchy (chewing, biting, scratching, rubbing or licking) answer the following:

a) on a scale of 1 to 10 (1= minimal 10=all day long) place the intensity of your pets itching  
 (Circle one) 1    2    3    4    5    6    7    8    9    10

b) where does your pet itch (you may mark more than one)

\_\_\_ all over    \_\_\_ feet    \_\_\_ legs    \_\_\_ face    \_\_\_ ears    \_\_\_ belly  
 \_\_\_ armpits/chest    \_\_\_ lower back/rump    \_\_\_ other specify \_\_\_\_\_

3. Are there other pets that have contact with patient who show similar skin problems? \_\_\_\_\_

4. What has happened with your pet's skin since last exam with us? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Is your pet on allergy vaccine? If so how much & how often: \_\_\_\_\_

6. What medications are you giving now? Please include **ALL** oral, topical, or injectables used.  
 (INCLUDING OTHER VETERINARIANS)

| Medication | Did it help skin? | Medication | Did it help skin? |
|------------|-------------------|------------|-------------------|
| _____      | Yes/No            | _____      | Yes/No            |
| _____      | Yes/No            | _____      | Yes/No            |
| _____      | Yes/No            | _____      | Yes/No            |

7. Who is your primary veterinarian? **Name of Clinic:** \_\_\_\_\_  
**Doctor's name:** \_\_\_\_\_

8. Has your address or phone number changed? \_\_\_\_\_  
 \_\_\_\_\_

9. Email address: \_\_\_\_\_